

Staple Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER		
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
1	10/1/50
2	10/1/50
3	10/1/50
4	10/1/50
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49	10/1/50
50	10/1/50

SYMBOLS
 ✓ Rejected
 ✗ (Through numeral) Allowed
 + (Through numeral) Canceled
 N Restricted
 I Non-elected
 A Interference
 O Appeal
 D Objected

Claim	Date
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